THE

CALIFORNIA HOMŒOPATH.

Vol. VIII. November, 1890. No. 11.

Original Articles.

THE TONGUE.

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[*Read before the Clinical Club.*]

Mr. President and Gentlemen—At our last meeting Dr. Ward directed our attention to the importance of a study of the tongue, and clearly pointed out what significance should be attached to the various appearances manifested by that organ. The subject was deemed so interesting and important, that it was decided to continue its study and discussion, and I present this evening a paper on diseases of the tongue.

On entering the task assigned me I found it was no easy one to arrange the subject so that it would be concise and at the same time sufficiently comprehensive to be of value. I therefore beg your patience for its length and your lenient criticism of its shortcomings. I furthermore crave your pardon for inflicting on you a brief resumé of the anatomy and physiology of the tongue. But few of us have such phenomenal memories as not to need once in a while a little refreshing in the *matters of anatomy and physiology*.

The tongue is a muscular organ consisting of symmetrical halves separated from each other by a fibrous septum; it is covered by mucous membrane which in structure and nature is essentially the same as mucous membrane else-

where, but differs in containing papillæ more or less peculiar to itself. The muscles are divided into two groups, the (intrinsic) linguales which form principally the body of the tongue and the (extrinsic) by which it is connected to the surrounding parts and which principally give motion to the tongue, the most important being the Hyoglossus, Geniohyoglossus, and Styloglossus. It is connected at its root or base with the hyoid bone by muscles and the hyoglossal membrane; with the epiglottis by three folds of mucous membrane the glosso-epiglottic ligaments; with the soft palate by the Palatoglossus muscles or anterior pillars of the fauces. The arteries are derived from the lingual, facial, and ascending pharyngeal; the former after giving off its branches is continued forward under the tongue as the ranine. The nerves are three in number in each half, the gustatory branch of fifth, the lingual branch of the glosso-pharyngeal the nerve of general sensation, and the hypoglossal the motor nerve of the tongue.

The tongue is very vascular and nervous, which will account for a fact well known to surgeons, that it has great reparitive power, rapidly recovering from the effect of injuries. The anterior part of the dorsum is rough, and covered with papillæ, the posterior third is smoother and covered by the projecting orifices of muciparous glands.

The mucous membrane of the tongue resembles the skin in structure, having a cutis or corium supporting numerous papillæ and covered with epithelium. The papillæ are more prominent than those of the skin and stand out from the surface like the villi of the intestine, the principal varieties being the papillæ circumvallatæ, or maximæ papillæ, mediæ or fungiformes; and papillæ minimæ, or filiformes. The smallest or papillæ minimæ are most numerous and cover the anterior two thirds of the dorsum, the papillæ fungiformes are sparingly and irregularly scattered over the dorsum, they are easily recognized, being large, rounded, and deep red in color. The largest the papillæ maximæ vary from eight to ten in number and are arranged in two rows running backward and inward from the sides, like the letter V, at the apex of which is a depression called the foramen cæcum. With regard to the physiology of the tongue it will

be enough to say that it is the essential organ of taste, it possesses a very delicate and accurate sense of touch, is extremely sensitive to heat and cold, besides we know that it plays an important part in the acts of sucking, swallowing and speaking.

After this resumé we can only wonder that the tongue escapes as well as it does, for our mode of living, swallowing hot and cold food and drink in rapid alternation, the use of stimulating condiments, irritating drugs, decayed teeth, tobacco and other things certainly conduce to diseased conditions.

Acute Glossitis is extremely rare, most common in young adults and in winter. *Causes*, cold, injury, septic infection, bites of animals, stings of insects, mercury, corrosive substances, and eruptive diseases. Some authors consider it a catarrhal disease. *Symptoms*, tenderness, stiffness, pain worse on swallowing, rapid swelling may protrude from the mouth, profuse salivation, dysphagia, dysphonia, dyspnœ, swelling of the cervical glands, and frequently high fever, rarely suppuration, the tendency of the inflammation is to resolution, although sometimes the disease is fatal, death may occur from exhaustion, suppuration or septicemia. *Treatment.* The old school recommend leeching, application of ice, gargles of chlorate of potash or borax, also scarifications, and incisions on each side of the raphe.

Chronic or *Superficial Glossitis* is a disease hard to define, as there are a number of conditions the result of chronic inflammation which owing to their origin or to their differing pathological appearances have received especial names. Henry T. Butlin in his excellent monograph has limited the above term to the following conditions, the whole or a large area of the dorsal aspect of the tongue is smoother than normal from disappearance of the papillæ, is redder and not of uniform tint; as there are no papillæ there is no fur; there may be excoriations or superficial ulcers, the tongue is much swollen and the edges are indented by the teeth, and is easily irritated by some kinds of food, spirits and tobacco.

Treatment. Avoid the irritants; use bland lotions of borax or chlorate of potash.

Leucoma, leukoplakia, psoriasis linguæ icthyosis, lylosis, keratosis, and opaline plaques. By these terms we understand

white or bluish white patches or plaques which occur on the surface of the tongue. Normally epithelium are continually being thrown off and renewed by regenerative multiplication; now according to Ziegler, whenever as the result of irritation growth of new epithelium is increased, or removal of the desquamated cells is impeded, whitish accumulations, which may be augmented by particles of food, or rapidly growing parasites, may form whitish or bluish-white deposits, or they may be tinted from food or tobacco, they may dry up in crusts, or irregular flakes separated by cracks or fissures.

Causes of leucoma. The exciting causes are tobacco, tobacco smoke, syphilis, raw spirits, hot drinks; spices, rough plates of teeth, or decayed teeth, or teeth covered with tartar; yet from the fact that some of the above mentioned causes produce little effect on the tongues of the majority who indulge in them, some authors think that there must be a predisposing cause. Age and sex may be predisposing causes as it rarely appears in patients under twenty or commences after sixty, and rarely attacks women.

Subjective Symptoms usually light until in the advanced stage, then stiffness, dryness, burning or smarting on taking food or drink especially when hot; and patient may suffer mentally from fear of cancer. Prognosis doubtful, Butlin and Schwimmer believe the disease to be curable, but the usual course for it is to develop into epithelioma.

As the causes are various so are the appearances manifested. When tobacco is the cause it may first appear as what is called a smokers' patch, which in a typical case would appear about the middle or anterior part of dorsum, where the stream of smoke from a pipe or cigar would strike the tongue; the first thing noticed would be a raised round red patch, denuded of epithelium, or it may be depressed and surrounded by furred papillæ, later it may be yellowish white and thicker, this patch may be thrown off leaving a raw red spot again, later it may spread, become pearly, and develop from a smokers' patch into a leucoma.

The term *psoriasis linguæ* is sometimes applied to these patches from their resemblance to psoriasis, especially of

the hands, but the majority of authors while admitting the similarity of appearance do not believe that there is any connection between the two conditions.

The *mucous patches* of *secondary syphilis* may be diagnosed from *leucoma*, first by the history, secondly *mucous patches* are sharply defined, mostly oval in shape, more opaque than *leucoma*, and grayish white in color, may be removed easily and leave behind a slightly raised red smooth base, while *leucoma* can hardly be raised and when removed bleeds, *mucous patches* prefer the borders, *leucoma* the dorsum of the tongue, while the latter is chronic and progresses unfavorably, *mucous patches* run as a rule a rapid course and are much more amenable to treatment.

The general treatment of *leucoma* is the same as already given for *chronic glossitis*, being principally hygienic and palliative, of local applications a solution of chromic ac., 10 grs. to the ounce, is recommended highly.

Carcinoma. According to authorities up to the present the tongue appears to be subject to but one variety of cancer the *squamous celled*, or epithelioma, and it most frequently affects the anterior half, but there is no difference in the liability of the two sides, and two carcinomata may be developed in the same tongue at the same time.

Causes. Youth seems to be exempt, cases appearing before the age of thirty being extremely rare, the greater number of cases having been in patients between the ages of forty and sixty. With regard to sex cancer of the tongue is much more frequent among males. The causes given for *leucoma* equally apply here, in fact by many authors *chronic glossitis* and *leucoma* are considered to be precancerous stages. The scars left from syphilitic lesions may predispose to cancer of the tongue. The liability of smokers to cancer is a question to which attention has of late been directed, and I believe the general opinion of surgeons is that smoking acts as an exciting cause, but the fact that so many old life long smokers seem to have immunity, favors the theory that there must be a predisposing cause. Heredity may be considered, although it is a question whether there will ever be unanimous agreement on that point. Sometimes

treatment of a simple indolent sore on the tongue has been the *starting* point of a cancer. While caustics are sometimes useful in the treatment of the indolent sores remaining sometimes after apthous conditions in children, or a similar condition in comparatively young syphilitic subjects, no surgeon can be justified in using them on the tongue of a patient over thirty years of age. An epithelioma may first appear as a blister, an ulcer, a wart, a fissure, a nodule, or a tubercle, later breaking down into a chronic ulcer with very little discharge, rarely painful, with slightly elevated and indurated base, with inflamed surrounding tissue, the glands under the jaw may be enlarged, which in connection with the indurated base would make the prognosis grave. The objective symptoms of a fully developed carcinoma of the tongue are well marked, and vary according to its origin, it may be a raised irregular granular mass, covered here and there with sloughs of clotted pus, it may be furrowed by deep irregular fissures, or it may appear as an oval ulcer with a smooth glazed surface, sharp cut edges and indurated base.

The *subjective symptoms* are pain unusually sharp, aching or gnawing, frequently extending into the ear of the same side, in the later stage salivation usually aggravates the patient's suffering. Any or all of the above symptoms may be present in several other diseases of the tongue, and therefore are not pathognomic of cancer. The only *sure* way to diagnose cancer is by inspection of a section under the microscope.

Prognosis. In cases where the disease is allowed to follow its course the end is usually reached in from a year to eighteen months. *Operation*, especially when it has been performed early, has saved many lives and prolonged more; according to Butlin it has saved ten per cent and with earlier removal of the growth the record might be better. Without operation the course of the disease is indeed a sad one, the salivation is distressful, swallowing is painful, which act in the later stages may be almost impossible; feeding can perhaps only be done through a tube, the parts rendered tolerant by the application of cocaine, the food of course being only liquid.

The majority of patients die of slow exhaustion, or hemorrhage from invasion of the blood vessels by ulceration, but sometimes a low type of pneumonia sets in and ends the patient's sufferings.

Treatment of Carcinoma. When a clear diagnosis is made, early removal of the growth gives the patient his only chance. Local and constitutional treatment is the same as has already been given for precancerous conditions, patient must avoid all irritants, such as tobacco, strong liquor, very hot or very cold food or drink, very sweet or sour, or spiced food; must have highly nutritious foods; when stimulating fluids as beef tea, &c. are given, a soft tube may be used for the purpose, it being gently carried past the sore spot, and this may be facilitated by first painting the parts with cocaine. Any local applications must be mild, such as weak solutions of borax, chlorate of potash, tannin or zinc sulph., but all strong caustics must be avoided.

Before leaving the subject of cancer I would mention a condition spoken of by Sir Wm. Paget, called mimicry of cancer of the tougue. Nervous people hear of the disease, its prevalance and causes, and more especially if it is emphasized by the death of some prominent victim, and straightway magnify every little symptom and imagine others, bringing themselves to the brink of despair, until perhaps by the direction of their physician they take some simple remedy, pay more attention to their diet, modify their habits, have their teeth attended to for tartar or decay, and the symptoms vanish real or imaginary.

Abscess of the tongue is rare and mostly of low chronic form—treatment incision.

Fissures and Clefts. *Dental fissures* from jagged teeth are sometimes deep and starred with foul discharge; of course they occur on the borders of the tongue, they must be diagnosed by absence of syphilitic history and the presence of rough or jagged teeth.

Treatment must be local and may be constitutional will be necessary.

Syphilitic fissures may appear during the secondary or tertiary stage, those of the scondary stage are usually near the

borders, if near jagged teeth may be deepened by their presence, a mucous tubercle may be a starting point.

Tertiary fissures are greater in degree and cover the dorsum, are usually deep and disposed to ulcerate, they often commence in broken down *gummata*.

Treatment, must be antisyphilitic, locally solutions of chlorate of potash, borax, glycerole of tannin, iodoform, or chromic ac. 10 gr. to the oz.

Ulceration of the tongue is common, indeed, when we consider its structure, and the irritation to which it is almost constantly being subjected we only wonder that it is not more frequently diseased.

Simple ulcers may be traumatic, that is they may be the result of injuries, e. g. bites, scalds, rubbing of rough teeth or they may come insidiously from the same causes given for leucoma and chronic glossitis, sometimes they become chronic; they generally appear as red, raw looking patches, glazed, with callous edges, sometimes they appear as small irregular patches, around which the tongue is furred, these are sometimes called dyspeptic ulcers.

Treatment, mild applications such as those already given, chromic ac. solution renders the part less sensitive, a stroug solution of nitrate of silver will sometimes be sufficient with one application to stimulate an old chronic ulcer to heal but this should not be tried on patients over thirty.

Apthous ulcers are most common in children, and although any part of the buccal mucous membrane may be affected, yet often the tongne bears the brunt of the disease, usually a number of small vesicles appear, which soon break, leaving small round or oval superficial ulcers with a yellowish white adherent slough on them surrounded by a bright red areola, although as a rule they rapidly heal there may be a number of successive crops, and both vesicles and ulcers may be present at the same time on the same patient's tongue, as a rule the breath is offensive.

Treatment, pay attention to the diet, try local applications of chlorate of potash, glycerole of borax, proportion borax

and glycerine each one dram to which add water to make 4 oz. mixture.

Apthous children being of low tone need constitutional treatment and should be isolated, as aptha is contagious.

Ulcers may appear during an attack of whooping cough, probably they are traumatic from forcing the tongue against the teeth in the paroxysms.

Mercurial ulcers are very rare now for obvious reasons.

Tuberculous ulcers are fortunately rare, according to Sir William Puget they present a pale, uneven surface, granular or partly covered with gray coagulated, mucous edges, sharp cut, but outline not characteristic, the tongue is usually swollen but rarely indurated; the ulcer may commence as a little nodule, or vesicle on any part, but most commonly on the dorsum, break down and as the disease advances sloughing occurs, it becomes painful and tender, and often there is distressful salivation, lymphatic glands become involved, the patient's strength wanes, and the course is most often downward until death ends the scene in from a few months to a year or two at most. Sometimes superficial ulcers heal but only to break down again; the diagnosis is difficult, and depends on the history showing association with tubercular disease elsewhere. *Treatment.* Excision has been attended by good results; if local it prevents extension of the disease by infection. The actual cautery has been most effective, local treatment is palliative. Iodoform it is claimed has been beneficial.

Lupus rarely attacks the tongue, but when it does it is usually found on one of the borders back near the epiglottis, springs from isolated nodules and has a soft granular surface. If a lupus heals there is left a star shaped flat scar.

Syphilitic ulcers. The primary hard chancre rarely appears on the tongue, but occasionally the initial lesion is there first manifested, and almost invariably on the tip; it is usually small with hard base and accompanied by enlarged glands under the jaw. The *secondary* ulcers—chiefly two kinds—occur mostly on the borders, but sometimes on the tip of the tongue, commencing as *mucous tubercles*, which

break down, and more at the borders through being exposed to friction from the teeth, or ulceration, may result from injury causing ulceration of *mucous patches*. These ulcers are sometimes deep and unhealthy looking, with sharp cut fissured edges, the border is often pearly white, and surrounded by a red areola. They are rarely tender, and may remain stationary a long time with little surrounding inflammation, although they sometimes spread over considerable surface. The diagnosis depends on the history and the appearance of eruption elsewhere on the patient's person. *Treatment.* Antisyphilitic, locally a solution of chromic ac., 10 grs. to ounce. Scars are left after healing.

Ulcers of the *tertiary stage* are more destructive, nearly always resulting from broken down gummata; there may be one large one or a number of small ones. When a gumma breaks down, there is at first usually a small opening, which soon enlarges until a deep cavity is exposed with ragged precipitous borders, often undermined with a ragged, sloughy surface; the tissues are usually thickened and indurated for some distance around the ulcer, the ragged condition after awhile may disappear leaving a smooth surface, the diagnosis depends mostly on the history. Patients sometimes acknowledge syphilis if you say it resembles cancer. *Prognosis.* Syphilitic ulcers show little tendency to spontaneous cure, but in most cases yield to treatment. Butlin speaks highly of the stimulating properties of silv. nit. for the indolent variety.

Mucous patches, a lesion of secondary syphilis may appear on any part of the tongue and are usually multiple; a typical patch is generally round or oval, and appears as a raised grayish white plaque sharply defined, but the outline of the border may be wavy and irregular, the tissues beyond appearing natural. *Treatment.* Locally a solution of chromic ac. is best.

Tertiary plaques are not much mentioned, therefore they must be rare.

The tongue is sometimes the seat of innocent growths, such as lipomata, fibromata, angeiomata and papillomata. These tumors are easily recognized, and the treatment is re-

moval, the knife, scissors, or cautery either actual or galvanic may be used. A simple *papilloma* may be mistaken for a commencing *carcinoma*, the latter rarely appears until after thirty years of age, has an indurated base which may widely infiltrate the surrounding tissues, sometimes condylomata the warty growths of syphilis may be mistaken for simple papillomata.

Cysts. *Mucous cysts* rarely affect the dorsum or borders of the tongue, preferring as a rule the under surface posterior to the middle. *Treatment*, incision or seton.

Ranula, is the most common variety of cyst of the tongue, more frequent in adults than children, its situation is under the tongue near the frœnum, it is smooth soft and fluctuating. The cause is yet a matter for discussion, the most common one is believed to be dilatation from obstruction of Wharton's duct.

Treatment., The usual method is incision and to prevent refilling most surgeons apply caustic to the interior of the sac. Bryant recommends a seton, Gross partial excision of the sac and application of iodine, Erichsen advises a free opening and stuffing of the cavity with lint.

Salivary calculus, is an elongated mass of earthy matter the result of chronic accumulation in Wharton's duct, removal is the only treatment.

Macroglossia or hypertrophy. This fortunately is a very rare disease of the tongue; it is generally congenital although it may be acquired, the local causes being abscess, ranula, mercury, and it has sometimes followed chicken pox, scarlet fever and whooping cough. The tongue may enlarge until it protrudes from the mouth, from which the saliva dribbles, the tongue being exposed to the air becomes dry, cracked and fissured and prone to ulcerate, swallowing is difficult, the lower jaw becomes deformed and even the teeth may drop out, and taken all in all the patient is a pitiable object, the prognosis is bad without operation, which is nearly always necessary, for the removal of a large section of the tongue; in the earlier stages some authors think that it may be arrested by keeping the mouth tightly closed by a bandage

except when necessary for the patient to eat or drink. An interesting case of macroglossia is recorded in Helmuth's Surgery, with description of operation by the author.

Although my paper is already too long, there are many other conditions, sufficient for another paper, which I shall only mention by name, parasitic diseases, the most prominent being thrush; nervous conditions, as spasm or cramp; involuntary protrusion; convulsive movements depending on hysteria; neuralgia; anesthesia; ageustia or loss of taste; paralysis, unilateral or bilateral; congenital defects; exanthema; wandering rash, etc.

I desire it to be understood that the following list of remedies are merely suggestive, for while I have endeavored to select those having the nearest to specific indications, it will be obvious that the prescriber must select a remedy which not only covers the objective symptoms as manifested by the tongue, but agrees with most of what other conditions exist as manifested by their symptoms.

Acid Benzoic.—Glossitis with extensive ulceration, tendency to spread rapidly, very red between the ulcers, much thirst and bitter taste.

Acid Carbol.—Ulcers of the tongue may be touched with the acid full strength, when painful or the tongue may be sprayed with 2½ per cent solution the effect may be enhanced by adding a small per cent of glycerine.

Acid Fluoricum.—Syphilitic patches—ulcers with tendency to become phagedenic, tongue vividly red at tip and edges—long fissures.

Acid Muriat.—In apthous conditions considered almost specific, it is also useful to remove unhealthy granulations and stimulate indolent ulcers of the tongue.

Acid Nitricum.—In syphilitic conditions of the tongue especially after mercurial dosing—in fissures and fetid ulcers of the tongue.

Aconite.—In acute glossitis, tongue swollen, red and dry, burning and tingling along the dorsum—extremely sensitive, with much thirst.

Apis.—In acute glossitis, when the tongue is œdematous, dry and glossy, with characteristic stinging pains.

Argent. Nitricum.—For apthous patches both locally and internally, tongue dry and hot with red tip, one local application will frequently level elevated and inflamed papillæ and remove the sensitiveness.

Arsen Alb.—In glossitis, dry swollen tongue, burning sensation, red inflamed papillæ, in ulceration of the tongue with tendency to gangrene, ulcers have irregular jagged edges, tongue smooth and glazed between the ulcers.

Aurum.—In the painful induration which accompanies chronic glossitis, and also the margins of syphilitic ulcers and carcinoma; the whole tongue may be hard and almost immovable, the ulcers are usually offensive.

Borax.—In apthous conditions both locally and internally. Locally a solution of borax, 40 grs., one ounce of glycerine, and water to make a 4 ounce mixture.

Calendula.—This remedy justly has a reputation for swollen and painful ulceration of the tongue, with tendency to rapid suppuration, best used locally, one to eight parts of water.

Cantharis.—Tongue red swollen, thickly furred, burning and painful, as in acute glossitis.

Conium.—Glossitis, tongue swollen, stiff, almost immovable, very painful, muscles almost paralyzed.

Kali hyd.—In syphilitic conditions of the tongue, especially after the prolonged use of mercury.

Kali Bich.—In apthous conditions of the tongue, which is red and glistening, with feeling of soreness.

Kreosotum.—In ulcers, especially from decayed teeth, ragged edges, and painful, frequently foul smelling.

Lachesis.—In glossitis, tongue dark, swollen and trembling.

Mercurius.—This is one of the most frequently indicated remedies in glossitis, and in the manifestations of syphilis, as they affect the tongue; the preparation used will be in accordance with the general symptoms prominent at the time of exhibition of the remedy and preferences of the prescriber.

MODERN HOMŒOPATHY AND MODERN ALLOPATHY.

BY S. L.

Dr. Echo in *Le Journal d'Hygiene* makes the remark that homœopathic and allopathic treatment are now so much alike that the devil himself could not find out the difference. Prof. Potter, of San Francisco, cites numerous instances from homœopathic journals, clearly demonstrating that the modern homœopathic physician claims the liberty to help his patients by any means which he considers advisable, without caring a straw how much he deviates from the law or rule of Hahnemann and the guiding principles emanating therefrom. Jousset in *l'art medical* takes up the cudgel and defends homœopathy, for allopathy constantly tries to remove the cause of a disease, all treatment is based on etiology, and this unknown factor remains to-day and will be forever unknown, hence allopathic treatment is mostly guesswork. Homœopathy relies on the visible, on symptoms, by which the unknown makes itself known, and by removing them the life-force becomes able to restore the equilibrium and thus health. Even some of the writers of the old school begin to believe in it and the cellular physiology of Virchow, the cellular pathology of our days and the cellular therapis of Prof. Aude, of Philadelphia, hint at any rate to a modern allopathy which differs as much as day does from night, from the old school doctrines of former years. They hate the word homœopathy, and try to take the kernel without polluting themselves with the name; and it seems probable that the essence of our school will be adapted, while many homœopathic physicians drift off farther and farther from the teachings of the Organon. Modern homœopathy has to thank the specialists for this deviation and when once begun liberty of thought and of action becomes license and the end is not far distant.

All hail to modern allopathy; how seductive this cellular therapia sounds. The old school found out that the life of the cell cannot be reached by their massive doses and comparatively minimal doses are recommended in essays and text books, but, for heaven's sake, do not call them homœo-

pathic treatment, and in fact they cannot be homœopathic, if the selection of the drug was not based on the law of similarity.

Rosenbach (*Clin. Zeit- und Streitfragen;* 5. *Heft*, 1890) writes on functional diagnostic and the diagnosis of the insufficiency of the intestinal tract, that the appearance of a burgundy coloring matter in the urine, when boiled with nitric acid for some time, is a symptom hinting to a grave functional disturbance of the intestinal tract and the cognition of the pathological alteration of the tissues does not indicate our treatment, but we must be cognizant of the disturbed function, and on that base our treatment. We must find out in what relation functional power and functional labor stand. As long as we are able to bring them in harmony, we deal only with relative insufficiency; where the disturbance cannot be removed, we have absolute insufficiency. The physician can only deal with the former. *To functional diagnosis must correspond a strictly individualizing therapia*, and the diseases of tissue change show how faulty the present schematizing therapy is. In diabetes—an insufficiency of the apparatus working up the carbohydrates—our present treatment feels satisfied to remove the sugar from the urine by abstinence from all carbohydrates, but they forget that they remove only a symptom, but not the disturbance itself. By such abstinence we deprive the patient of the most important burning up material for muscular power. He uses up his albumen and only an injurious effect must follow. He allows his patient albumen amylacea as much as the insufficient apparatus can digest, and the strength of the patient, not the quantity of the sugar in the urine is the measure for our therapy. Analogous are the relation in obesity, and he compares the organism of a diabetic and of a fat person to steam-engines whose smoke carries off lots of coal which ought to be consumed and the intermediate products of tissue change might be compared to this waste of coal. The constant search for specifics ought to belong to bygone ages, our present duty is *to combine functional diagnosis with individualizing therapy.*

In No. 72 of the *Allg. Med. Central Zeitung* Dr. Lange of Stettin, objects to a formulated treatment of diphtheria, as

though all cases and all epidemics were alike. It is a queer reasoning to consider the bacillus the chief aim of all treatment in so many diseases, when the first thing needed is a suitable soil in which it could grow and multiply. Let it be angina, pneumonia or any other disease, we must look rather for the soil which propagates these diseases than for the bacillus. Pathologic Anatomy can never be the base on which to erect a rational treatment and the clinic alone can show us the way. Surgery always will stand on an anatomical basis and gains its successes thereby, but for internal medicine it will always remain an abstraction and the same may be said of chemistry which is only the anatomy of the fluids.

Carl Koch of Nuremberg raises his voice against the abuse of antiseptics in surgery and insists on dry treatment of wounds and strict asopsis. (*Wien. Med. Presse* 36, 1890).

Is really a high temperature so dangerous? This question is answered in the negative by many high authorities and the constant abuse of antiseptics condemned.

Modern allopathy is thus left without a guiding star, and ex uso in morbis, the clinic an ignis fatuus, and there is no foundation on which to build a superstructure, yes, Prof. Potter, we acknowledge to you and with you, that modern homœopathy is progress backward and only a few honest believers hold the banner upright, so that it might not trail in the dust. The minority is too often in the narrow path of truth while the people are apt to run after strange gods.

Let Prof. Samuel Potter remember that men who live in glass houses ought not to throw stones. Homœopathy, pure and simple, is perfectly able to take care of itself.

Colleges and Hospitals.

Commencement Exercises.

THE Seventh commencement exercises of the Hahnemann Hospital College were held Oct. 30th, at Odd Fellows' Hall. The following is a list of the graduating class: R. R. Baldwin, Pomona, Cal., H. S. Garfield, Pendleton, Or., Miss T. B. Cosack, and Mrs. Amelia Waterhouse, of San Francisco.

Hahnemann Aid Association.

The following officers were elected at the annual meeting of the Ladies Hahnemann Aid Association:

President, Mrs. E. E. Caswell. Vice-Presidents. W. P. Shaw, Morris Newton, William Ede; Treasurer, Mrs. Sidney Worth; Recording Secretary, Mrs. Martin Schultz. Corresponding Secretary, Miss Kate Jarboe. Board of Managers: Mrs. J. R. Jarboe, Mrs. E. R. Lilienthal, Mrs. Louis Sloss, Mrs Low, Mrs. David Loring, Mrs. W. P. Shaw, Mrs. Grace Cushing, Mrs. A. W. Scott, Mrs. P. A. Hearst, Miss Carrie Eckel, Mrs. Traynor, Miss Mary Eldridge, Mrs. Prelver, Miss Kate Jarboe, Mrs. Morris Newton, Mrs. C. B. Currier, Mrs. E. E. Caswell, Mrs. Ede, Mrs. Martin Schultz, Mrs. Oliver, Mrs. Sidney Worth.

Editorial Notes.

THE people of California are on the eve of a very important election, and it behooves every voter to consider well the result of the manner in which he shall make use of his suffrage. THE CALIFORNIA HOMOEOPATH is in no sense a political organ, and would emphasize the fact that its Editors, while undoubtedly possessing a personal choice of candidates, will always forbear making those opinions prominent. Yet, as we pointed out earlier in the campaign, it is not a question of politics, but rather from which candidate may we, as Homoeopaths, expect the most recognition, and receive the most substantial assistance. We are confident that our only hope lies in the election of Col. Markham to the Gubernatorial chair. He is an honest man, fearless in the performance of what he conceives to be his duty, and in the event of his election we are certain that the large and growing Homoeopathic sentiment throughout the State will receive the recognition it so justly deserves.

Mr. Pond's record while mayor of San Francisco is conclusive evidence that we have nothing to expect from him. During his administration as chief magistrate of San Fran-

cisco he has absolutely refused to appoint a homœopath to any position on the various municipal hospital boards and has persistently ignored the honest claims of our school in the distribution of public patronage. With this positive knowledge of Mr. Pond's cowardice would it be wise to exert our influence for the elevation of such a man to the higher position he is now seeking.

Brother Homoeopaths of California, forget that you are Democrats or Republicans and cast your vote for Col. H. H. Markham, a square man and an honest friend of Homoeopathy.

AMONG physicians in active practice there is not one in five hundred who devotes the time to reading that he should.

This is an age of wonderful improvement in every department of art and science and in none has there been more remarkable advancement than in medicine and surgery.

No physician is in a position to witness personally all the latest methods in use by the foremost men of the profession and so it can be only through the literature of the day that we can hope to keep ourselves *en rapport* with the marvels of this most brilliant decade of the world's history.

How frequently do we hear some doctor remark that he is so busy he cannot find a moment to indulge his desire for reading; that he would gladly purchase some book under discussion, or subscribe for a medical journal if it were only possible for him to find time to read it. This sort of talk is all bosh and unworthy of its presumably intelligent author.

I venture the assertion that there is not a physician in the world whose time is so fully occupied that he cannot keep fairly well informed on the current literature of the profession. If he does not read the new books or one or two at least of the excellent journals published, it is because he has no such inclination. He is either too lazy or has allowed his mind to become weaned from the taste for books by a careless neglect of their priceless treasures. Like any other habit, the love of reading grows on a man and can be readily cultivated by any person who is honestly willing to accept the knowledge so lavishly spread before him. The experience gained by every physician in a faithful attention to a

large practice is certainly of inestimable value, but we must not deceive ourselves with the very comfortable idea that the knowledge so acquired is sufficient for every occasion. We must read the new books as they appear and be conversant with the pages of our leading magazines or we have no right to a position in the front rank of our profession and should never claim a preeminence we are doing so little to sustain.

WE congratulate the Hahnemann Hospital College of San Francisco on the success of its very interesting commencement exercises, which event occurred in Odd Fellows' Hall October 30th, just past. The musical and literary feast offered the large audience assembled, was an honor to the institution represented; and the excellent class of young men and women who received on that occasion the diplomas of the Hahnemann Hospital College are worthy envoys of their beloved Alma Mater. This college is doing a noble work for Homœopathy on the Pacific Coast and certainly deserves the earnest cooperation of every physician of that faith. The large corps of Professors connected with the institution is each and every one eminently fitted for his work and in every department the Hahnemann Hospital College of San Francisco compares favorably with any medical school in the world.

While our college does not seek in any way to conflict with similar institutions in other parts of the country, it is eminently a product of our glorious western civilization and should therefore have an honest claim for precedence from the men who are enjoying the blessings so lavishly bestowed in this wonderful Pacific Empire.

THERE are many physicians, students and friends of Homœopathy who are desirous of doing something of value for our cause but who have sought in vain for an opportunity to exercise their talent and satisfy their ambition. We can suggest to such enquiring philanthropists who are blessed by a residence under the genial skies and amid the charming life of the Pacific Coast, that there is a vast field of virgin soil

right here at home that will amply repay the most faithful efforts of these earnest workers. There are a great many medicinal plants and herbs indigenous to our Pacific States whose valuable qualities are unknown for the want of a careful and reliable proving and for this reason many drugs that might be of considerable remedial importance are thus far of no practical use. Any intelligent person in good health can, with a little experience, become an excellent prover of drugs, and the value to our Homœopathic Materia Medica of a thorough and systematic proving of the medicinal substances native to the Pacific Coast would be incalculable.

Any assistance THE CALIFORNIA HOMŒOPATH can render in this important undertaking will be gladly given, and we earnestly hope that some of the enthusiastic young men and women who so soon must take the place of the generation now passing away will be impressed with the vital necessity of this matter and devote a portion of their time and energy to a careful analysis and intelligent proving of the most important of the indigenous plants of the Pacific Coast.

C. L. TISDALE, M. D.

Correspondence.

Letter from Dr. C. W. Breyfogle.

VIENNA, SEPT. 30th, 1890.

MY DEAR BROTHER.—A year has just passed since I left home, and to-morrow we start for Constantinople, so I shall try and tell you before I leave, of Vienna and my impressions of the great University here, which I have so thoroughly enjoyed for the past two months. In brief, *Vienna is the Mecca of medicine*. No need to name its professors for the world knows them. The surgeon who does not know Billroth, or the specialist who has not heard of Politzer, *pere et fils*, Meynert, &c., is not posted. So too of the general hospital of two thousand beds, the largest in the world, and with abundant lecture rooms, clinics, and all the accompaniments for instruction to the six thousand students, the university proper, costing eight million florins, and the fine polyclinic with its multitude of cases. I am reminded that in my letter from Berlin I spoke of the carelessness as to cleanliness and the rough treatment of patients. Here is the exception. In their conduct toward the poorer sick, most of the professors seek to exemplify the gentle physician's method, and though often compelled to severity by people who

are ignorant and naturally coarse and brutal, they are in the main considerate. The strictest care as to cleanliness prevails. In the magnificent Rudolph's Hospital with 860 beds, built by the Emperor from his private purse to commemorate the birth of his son the Crown Prince, we found a model institution. Every patient brought to the physician his own spoon for examination of the syphilitic throat. Every woman had her own syringe. The beds are iron with wire springs and hair mattresses; the rooms are splendidly lighted and heated and ventilated. Yet, women nurses in male syphilitic wards, assisting the physicians in operations and injections, seems a little discordant. I am quite satisfied that the opportunities for acquiring a thorough knowledge of the medical profession or of any of its branches is as nearly perfect here as it is possible for it to be. However, it must depend here as elsewhere upon the determination of the student to make the most of his opportunities. There is no doubt but the American student stands first in the estimation of all in his earnest and determined work, and as a result the best courses, the best seats in the lecture rooms, and the choice places as assistants are held by our countrymen. Living is expensive, nearly double what it is in Berlin, and this urges the student to hard work. I meet many Homœopaths here. Of course our system is condemned, and we do not speak our views, but there is a singularly strong fraternal feeling which holds us together, resulting in mutual assistance and encouragement and in social recreations as well. Be assured that it has been a little trying sometimes to forbear open criticism. For example, Prof. Benedict at the polyclinic had a patient before us with sciatica, a purely typical Rhus case. I would have wagered upon the result if Rhus had been given; it was a robust, fine looking man of 32; he was ordered to the hospital to have the nerve stretched. It was done one morning and the following day the Professor quietly told us that he had made a mistake in not retaining the case longer under observation before operating, as he would then have known that he had suffered from dyspnœa and his death might have been avoided. Five minutes after making this announcement he treated an exactly similar case with the Paquelin cautery applied along the course of the nerve. If a man wishes to have his faith in Homœopathy well grounded, let him examine the old school prescriptions in N. Y. and see them inflexibly repeated all over Europe, as I doubt not it is in every clime where that system prevails. In the Nerve clinic, bromides, strychnia and electricity. Their fathers for ages back did so, and their sons follow them. And so it goes on unvarying, and only changed in form as fashion and the druggist fancies. But now we find a singular change, one which looks as if the old edifice was tottering to its fall; one which again points to a millenium in medicine. *In the Vienna University the Professors are prescribing the single remedy.* I have not seen a single compounded prescription, and I have looked for it in the clinical records as far back as Jan. 1st, 1890, in Benedict's clinic. This is the observation too of others who are more familiar with other departments. Nor are they harsh in the amount given, allopathically I mean, their doses being the minimum usually employed. Is this another result of *similia*? Is it not a little strange to say the least, to find this great University favoring smaller doses and the single remedy, just when some of the brighter lights in our school are advocating combined remedies. In going through the Rudolph Hospital I observed the same method of prescribing.

There is the same hardworking and enthusiastic corps of teachers here as at Berlin and Heidelberg. How they do work! From early morning until late evening, until one can but wonder how they can keep it up. The peculiar but very happy faculty which the Germans possess of throwing off their cares undoubtedly is the secret of their endurance. They know how to rest. And when vacation comes they take it regardless of patients, and give themselves up wholly to enjoyment. I doubt if a German ever carries his work to bed with him or ever allows it to interfere with his meals or his social hour—be that hour in whatever of the twenty-four it may—yet always taken regularly. When I remember how prone we are to boast of the pressure upon us and of our ability to rob ourselves of sleep and social pleasure, I no longer wonder at the increase in our American nervousness. I envy the German who can spend an hour at the Kursalon, listening to fine music, chatting with his friends and drinking a five cent schooner of good beer made by his Government which insures its purity, and which each one pays for himself. I am free to say however, that in all Europe I have found nothing else to envy.

Drs. Bryant and Blair are here from Heidelberg, and I think that they regret that they did not come sooner. Dr. Helmuth, son of Prof. Helmuth of N. Y. was here when I came but has returned. A son of Prof. Raue, of Philadelphia is also here, a worthy son of a noble father. Others I might name but there are too many. I am glad to add that our American Minister Col. Fred. Grant and Mrs. Grant, and our Consul-General Mr. Goldschmidt and Mrs. Goldschmidt take more than a passing interest in the American students and use every endeavor to entertain them at their homes.

Altogether the student who can spend a winter in Vienna has opportunities which are unsurpassed, and which should make him not only a better physician but a firmer Homœopath and a truer American.

C. W. BREYFOGLE.

VIENNA, SEPT. 30th 1890.

EDITORS CALIFORNIA HOMŒOPATH—DEAR DOCTORS—I have just received your September number containing the article of Chas. D. Tufford, M. D., of Memphis. Will you allow a brief reply.

He asks what is to be gained by dropping distinctive names of medical schools. I answer that bitter quarreling ceases; that medical legislation can be perfected without a prospect of its being completely annulled by schismatic controversies, and that the flood of poorly equipped men and women *who now thrive* on a name, will have to find other means of livelihood. The Doctor kindly advises me to consider every Allopath as dishonest until he has been proven honest. I answer that such uncharitableness will vanish with the adoption of the general name, physician. I answer that such gross misconceptions as his article exhibits will be no longer found in our journals.

I am an Homœopath, with no desire to go back upon what teaching and experience have convinced me to be right and true. I have suffered from the blind prejudice of which the Doctor complains, but that has nothing to do with future policy unless one is anxious only for continued fighting because he fears he cannot live in peace.

As to his insinuations I will only say that I have attended the New York Polyclinic, as I have these in Europe since, for purposes of special study which could not be obtained in our own schools. I do not believe, as he would have me, that all the allopaths are lying deceivers. I know that they are honest, cultivated gentlemen, and although I have no expectation of ever needing to call one in consultation in private practice, I still value many of them as personal and social friends. A man, any man, who is dishonest in one thing is to be trusted in none. Hence I say this. If I wearied the Doctor by my ıulsome adulation of my new friends I am sorry, but I shall none the less admire such men of genius as Wyeth, Gray, Sachs, and others, because that genius is Allopathic, nor shall I consider them any the less honest gentlemen. I assume that the Doctor is consistent, and that therefore he never reads a book or an article or uses an instrument which came from allopathic brains, for fear he might learn something from the hated school. I wonder if he never gives quinine, so often needed in Memphis they tell me, on the principle of *similia*, but in two to five grain doses. I am only asking. I wish I knew him.

C. W. BREYFOGLE.

The Grace Hospital.

DETROIT, MICH. OCTOBER 11th, 1890.

EDITOR CALIFORNIA HOMŒOPATH—The next regular examinations for the position of Assistant to the House Surgeon will be held at the Hospital on Thursday Nov. 13th, at 8:30 P. M. The term of service is eighteen months. First six months as Junior Assistant, second six months as Senior Assistant, third six months as House Surgeon. Applicants must show evidence of graduation from a recognized Homœopathic College.

All applications to be addressed to the President of the Medical Board, The Grace Hospital, Detroit, Mich., and must be presented not later than November 10th, accompanied by certificate of good moral character. We shall be pleased if notice of this examination can be inserted in the next issue of your paper.

Respectfully,

ROB'T H. SILLMAN.

Personals.

DR. W. R. JONES has removed from Alhambra to Saticoy, Ventura county.

DR. WILLIAM BOERICKE has returned, and resumed practice. Office, 824 Sutter street.

DR. ARTHUR, of Pasadena, recently gave us a call, The doctor was on his way to visit the sound cities.

DR. W. A. ELY, of St. Helena, recently visited this city. The doctor thinks of locating in San Rafael.

DR. C. M. SEELEY, of Petaluma, during his recent visit reported Homœopathy as flourishing in that region.

DR. L. L. DANFORTH, Secretary of the New York Homœopathic Medical College, has changed his address to 35 west 51st street, New York.

FOR SALE—A large, lucrative practice, yielding $5,000 annually, and rapidly increasing, for sale to a homœopathic physician; price $3,500; situated in San Jose, the Garden City of the Pacific; climate, soil advantages of all kinds unsurpassed, with a growing population of over $20,000. Will thoroughly introduce the buyer. For further information, address

S. H. W.,
89 North First Street, San Jose Cal.

DR. C. L. TISDALE, one of the editors of this journal, wishes to express his thanks and acknowledge his most heart felt gratitude to DR. GEO. HUSBAND, of Hamilton, Ontario, for his faithful care and skillful professional attention during the recent severe illness of his young daughter in that city. The case has been one of the most complicated and serious in the history of medicine, and but for the unremitting and experienced watchfulness of DR. HUSBAND the result must certainly have been fatal. The people of Hamilton are indeed fortunate in the possession of a physician whose head and heart are so wonderfully atuned to the sacred and arduous duties of his profession. Long may he continue in the practice of medicine, for physicians like Dr. HUSBAND are, unfortunately, far too rare in the world.

Book Reviews.

The Decline of Manhood; its Causes; the best means of preventing their Effects, and bringing about a Restoration to Health. By A. E. SMALL, M. D. Fourth edition. Chicago: Gross & Dalbridge. 1890.

A popular book on this subject, free from cheap advertising methods, written by a man with genuine intent to instruct unhappy sufferers, is a real need. To some extent this little volume, already favorably known in our school, fills this want. The present revised and enlarged edition is an improvement on the preceding ones. Until the ideal work on this important subject appears, we can cordially recommend this one, and we feel confident that it will facilitate the management of difficult cases of sexual neuræsthenia that are so common now-a-days.

The Review of Insanity and Nervous Diseases. A quarterly--Vol. I, No. 1. W. T. Keener, Chicago.

This new quarterly journal is a compendium of the current literature of neurology and psychiatry, edited by J. H. McBride, M. D., Milwaukee, with an able corps of assistants. Such a work is greatly needed and there is no

doubt that the general practitioner will gladly avail himself of this quarterly visitor that selects with excellent judgment and rare discrimination, judging from the present number, the most practical articles published on nervous diseases in the journalistic literature of the day. We take pleasure to republish from its comments the article on utero-mania which affects many physicians.

The Industrial Revolution of the 18th Century in England. By ARNOLD TOYNBEE. In two parts, 30 cents each. New York. The Humboldt Publishing Company.

The point of view of the author of this important work is that of one who, while he admits the benefits conferred upon mankind by the old school of political economists—Adam Smith, Ricardo, Malthus and the rest—believes that their work is done, and that the world has got beyond them, and stands in need of something more. The work is a history of "the bitter argument *between economists and human beings*," to use the striking phrase of his chapter on "Ricardo and the old political economy." When the economic relations of men are studied by an observer who, to abundant learning, adds the quality of human sympathy, the result is no "dismal science." Besides the treatise named above, the present work contains three popular addresses on "Wages and Natural Law," "Industry and Democracy" and "Are Radicals Socialists?" as also papers on "The Education of Cooperation," and "The Ideal Relations of Church and State."

Clinical Items.

Chionanthus—Headache, with intense bruised feeling of the eyeballs and abdominal pains.

Lachesis—Confusion of mind as to time. Imagines that it is always afternoon.

Polyporus off.—Portal congestion—aching pains in region of liver. Mucous stools, with faintness and distress in epigastrium after stool. Tendency to yawn and stretch, indisposed to every exertion.

Dulcamara—Cholera-like cramps, with diarrhœa and vomiting.

Antimon crud—Alternating diarrahœa and congestion. Hæmorrhoids, with oozing of yellow mucus.

Agaricus—Neuralgic headache, small spots, sharp piercing pain, dull headache from prolonged desk work. Asthenopia from prolonged strain, spasm of accommodation, twitching of eye and lids. The neuralgic prosopalgia is electric-like, as of splinters between the skin and flesh. Eruptions around mouth, especially in growing children given to jerkings.

Ammon. mur.—Many abdominal symptoms during menstruation and pregnancy, constipation, with hard, crumbly stool, liver swollen and sensitive, with jaundice, flatulent distension of abdomen. Menses too early and free.

Aurum—Hypertrophy of the heart, with tendency to fatty degeneration; palpitation; irregular pulse; wandering pains; feeling as if the heart would cease beating. Dropsy of lower limbs; profound melancholia.

Coccus cacti—Coryza, inflammation of fauces, with accumulation of *thick viscid mucus*, which is expectorated with difficulty, even with retching and vomiting. Tickling in larynx. Suffocative bronchial catarrh.

Selections.

MALPRACTICE, MEDICAL AND SURGICAL.

BY PROF. I. D. FOULON, A. M., M. D., LL. B.

[*Read before the Missouri Institute of Homœopathy, Fourteenth Annnal Session, April*, 1890.]

The subject of this paper is one of importance to all medical practitioners, for, however skillful and careful the surgeon or physician may be, he cannot feel certain that he may not, at any moment, be placed in the position of defendant in a suit for malpractice. Important as the topic is, however, it is one concerning which the members of the medical profession are, as a rule, very imperfectly informed. To supply in brief space and intelligible form

a clearer idea of the law of this subject, together with some practical suggestions, that may be of service in an emergency, is the purpose of the present paper.

First of all, permit me to remove the mistaken impression (which prevails largely among medical gentlemen) that the law holds physicians and surgeons to a more strict accountability than other professional men, and hence is unfair. The fact is that the law, in this as in other cases, is no respecter of persons or classes, and that the lawyer, the engineer, the architect, in fact all professional men, are, equally with the doctor, held accountable for malpractice in their several professions; and an examination of the special works upon this subject will show that suits for malpractice against members of the legal profession are far from being a rarity. It is true, however, that, of late years especially, the ratio in number of such suits brought against physicians, as compared with those instituted against lawyers, has been quite out of proportion to the relative numerical strength of the two professions, but this arises not from any peculiarity in the law, but mainly from certain facts which will become quite apparent as we proceed. Therefore, while I shall confine my remarks to the medical profession, bear in mind that, *mutatis mutandis*, they are equally applicable to any other.

The term "malpractice" implies a departure from correct practice; in other words, a negligent or willful disregard of the duties imposed by the law upon the practitioner. These duties ("implied contractual obligations," the lawyers call them, though they are not essentially contractual obligations but moral duties), these duties of the practitioner, I say, may be summed up in a very few words:

First. He must possess the ordinary skill of his profession.

Second. He must use that skill for the benefit of his patients, carefully and diligently.

Third. He need not undertake the treatment of any case, but, having undertaken it, he must continue its management until he gives notice to the patient, or those in charge of him, of his intention to withdraw from the case, and as much longer as may be necessary to enable them, by the exercise

of ordinary diligence, to obtain other professional aid—and this, although the parties employing him may be insolvent, or the services may have been understood from the start to be gratuitous.

Actions for malpractice may be civil, in other words, may be suits for damages arising from the alleged malpractice, or, if predicated upon wanton neglect or willful wrong, may be in the nature of criminal prosecutions. In either case the action is based upon the allegation of the negligent or willful disregard of the foregoing obligations. We must, therefore, determine just what is implied in these obligations.

First, then, it is necessary to explain what is meant by that "ordinary skill" which the physician is legally bound to have. The term is not one that is susceptible of close definition. The ordinary skill of the country surgeon is not expected to be equal to the ordinary skill of the clinical surgeon of a large hospital. In the interest of the public, who must have some sort of medical attendants, and in consonance with common fairness, physicians are to be measured by the average standard of those who surround them; general practitioners by the average standard of general practitioners in the region where they practice, specialists by the average standard of specialists, etc. In general terms, it may be said that physicians are expected to know what is well settled in their profession and to use their knowledge with a fair amount of dexterity.

The possession of a medical diploma, or the certificate or license of a legally established examining board, is evidence of the ordinary skill of the lawful holder thereof, and, as the large majority of physicians now have one or the other, there is less likelihood of complaint of the want of ordinary skill by the practitioner than of failure to exercise the skill he possesses. It may be well to state here, however, that the diploma of any institution is evidence of the skill of its holder only in the school of practice of the particular institution which has issued it. For instance, if a homœopathic graduate should treat a given patient allopathically, and through unskillfulness should injure him, his homœopathic diploma would not be evidence of his possession of skill in

allopathic therapeutics—indeed, if he had been employed because he represented himself a homœopathist, his allopathic treatment of the case would add to the malpractice an element of misrepresentation and fraud that would increase the danger of his position as a defendant.

Just as, in the practice of law, the lawyer has to deal not only with the known law, but also with unsettled points in the law, and unknown quantities in the facts—the impression produced by witnesses, the conscious or unconscious bias of a judge and twelve jurymen, etc.—so in medical and surgical practice the medical man has to deal not only with what is clear in diagnosis and settled in treatment, nor with a perfect human machine, but with ailments not always easy to make out, remedies often difficult to select, and physical organizations often weakened by age or previous diseases, tainted with "psoric miasms" or baneful hereditary tendencies to neurotic, cancerous, or tuberculous troubles, all of which may not only complicate the case under treatment by their hidden influence, but may find in the original disease the spark that shall kindle them into mighty, independent conflagrations, that must be fought, while perhaps unsanitary conditions in the atmosphere and in the patient's material environments unite with the unknown but mighty reflex influence of mental and moral troubles to add fuel to the flame.

These facts the courts of law recognize, and, therefore, just as no lawyer is held to guarantee the outcome of a suit, so no physician or surgeon is held to guarantee the result of his treatment in any case, unless he has foolishly done so in express terms. If he has, however, he is, of course, held to the terms of his contract, and may be called upon to answer in damages for failure to accomplish what he has agreed to —unless what he agreed to do were an absolute impossibility under any circumstances (as if he should contract to make a leg grow in the place of one that has been amputated), when another principal of law (that a contract to do an essentially impossible thing is void), steps in and saves him from legal damage, the other party having no cause of action for the violation of a contract which the law says is no contract.

It is easy to make the public and the legal profession understand the difficulties that stand in the way of obtaining a

given result in the trial of a case at law, for many of these are represented by visible persons. Not so with the difficulties in the way of the physician: they are invisible forces. To this fact, in the main, is due the much greater frequency of suits for medical than for legal malpractice to which reference was made above.

To a similar cause is due the further fact that suits for malpractice are much oftener brought against surgeons than against physicians as such. The results of medical malpractice may be, and doubtless are, attributed to disease (the ordinary layman being quite unable to differentiate between the effects of disease and of injurious drugs), while the often unavoidable imperfections of the surgeon's work may be seen of all and are frequently attributed to unskillfulness or negligence.

The question of malpractice in any case must largely turn upon the expert testimony introduced. As the law makes no distinction between the different schools of medicine, and as experts are *those who have both theoretical knowledge and practical experience* in the science of art which their testimony is intended to elucidate, it follows that where, in a suit of malpractice, the question is one of therapeutics, no one can be called as an expert save a practitioner, or at least one who has been a practitioner, of the school of medicine to which the defendant belongs. For instance, a homœopathist could not testify for or against the treatment used by an allopathist or an eclectic, so long as they adhere to their own modes of treatment; nor could the latter testify for or against him in a similar case. This is a point worth remembering, as it may be a means of cutting off a good deal of malicious testimony of members of rival schools. What I have just said applies *only* to therapeutic measures, of course. In the present state of medical and surgical science, the surgeon who should go directly from the dissecting-room to the performance of a serious operation, the *accoucheur* who should drive from a case of erysipelas to the bedside of a parturient, or the general practitioner who should visit his general patients after having visited cases of small-pox, scarlatina, or diphtheria, without thorough disinfection of his person, could not lawfully object to the testimony of physicians of other schools

against him; since in these things, as in surgical procedures, all schools of medicine are in substantial agreement.

In addition to what I have already said touching the second duty—that of using his skill carefully and diligently for the benefit of his patients,—let me add that, while large fees may entitle the patient to more than ordinary care, the fact that but small fees are expected or that no fees at all are to be received, will not excuse the physician from the exercise of ordinary care and diligence.

The question is often asked, by surgeons especially: "Could I not require of parties on whom or for whom I am about to operate, an immunity bond—an agreement that, whatever the result of the operation, I shall not be held legally responsible for it?"

It has already been stated that the surgeon is not a guarantor of results. If he has the needed skill and uses it with care and diligence, the law will protect him (in theory at least), but the law will not permit him, nor any one else, to make a contract that will save him harmless from the consequences of wantonness or neglect. Such a contract is therefore void, and could not serve as a defense. On the contrary it would be sure to be used by a skillful advocate with telling effect as a cudgel over the head of the over-careful fellow, who would be made to appear to have expected, if not intended, an untoward result.

Let me close this necessarily fragmentary discussion of an important subject with a practical suggestion. Suits for malpractice are not usually brought without warning. There are usually mutterings of the coming storm. Complaints are circulated in the community by the prospective plaintiff; payment of the physician's or surgeon's bill is delayed without any satisfactory explanation, or perhaps refused on the ground that the treatment of the case has been improper. If the physician neglects to press his claim under such circumstances, his neglect will be construed into a confession of dereliction, and he must not be greatly astonished if, before many days, he should find himself an unwilling party to a suit, which, even if it be successfully defended, will not only cause him some worry and expense, but, in the nature of things, must more or less injure his professional reputation and damage his business.

The wise thing to do under such circumstances, is, usually to strike the first blow. Remembering that a physician's bill rendered is merely an offer to settle for his services for a certain sum, and that, if it be not paid, the offer has not been accepted in legal contemplation, and that, therefore, he is not thereby prevented from suing for a larger amount, if he can prove that his services were actually worth more than the amount originally charged for them, let him charge a good, round fee and sue for it without delay. In many cases the effect will be as magical as that of a cold douche upon an angry child, and the prospective plaintiff, all the fight taken out of him, will pay his bill and say no more about suits for damages. Even if such be not the result and the case goes to trial, the physician will stand, not only before the average jury but also before the community at large, in a far better position as a plaintiff, trying to recover for services rendered, when the allegations of malpractice, used as a defense against his claim, will appear as a mere dodge to avoid payment of an honest debt, than as a defendant in a suit for damages, seeming to be endeavoring to squirm out of the legal consequences of an injury inflicted. In this matter, the way to avoid trouble is, as a rule, to meet it more than half-way.—*Clinical Reporter.*

Is Hypnotism a Humbug?

"The first thing that strikes me in connection with hypnotism is the confidence with which it is asserted that it has been proved beyond dispute to be so successful that it cannot drop. But I am old enough to remember that this was said in the time of mesmerism. Practically, mermerism fell into desuetude fifteen years ago. Except in distant corners such a thing is scarcely heard of. Now, from some researches which have been conducted at Nancy, and stimulated by the opposition of the Salpetriere school, we have the subject once more brought before us, and we are told of the advent of a great and important practical truth. Therefore we are told that hypnotism has established itself for all good. I have no hesitation in saying that before twenty-five years have passed it will be in the same position that it was twenty-five years ago."—*Sir Andrew Clark.*